



Data Quality: UBO & TPOCS

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TMA UBO Deputy PM

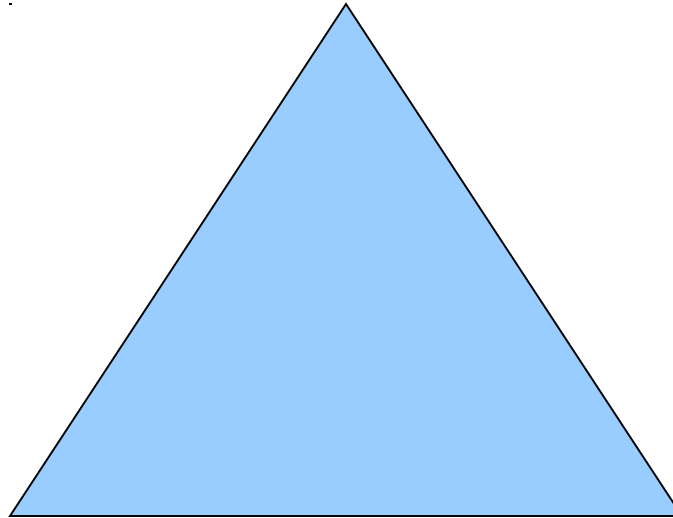
OUTLINE

- Uniform Business Office (UBO)
- MTF Revenue Cycle
- Data Quality Characteristics
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Third Party Outpatient Collection System (TPOCS)
- Resources

UNIFORM BUSINESS OFFICE



Third Party Collections (TPC)



Medical Services
Account (MSA)

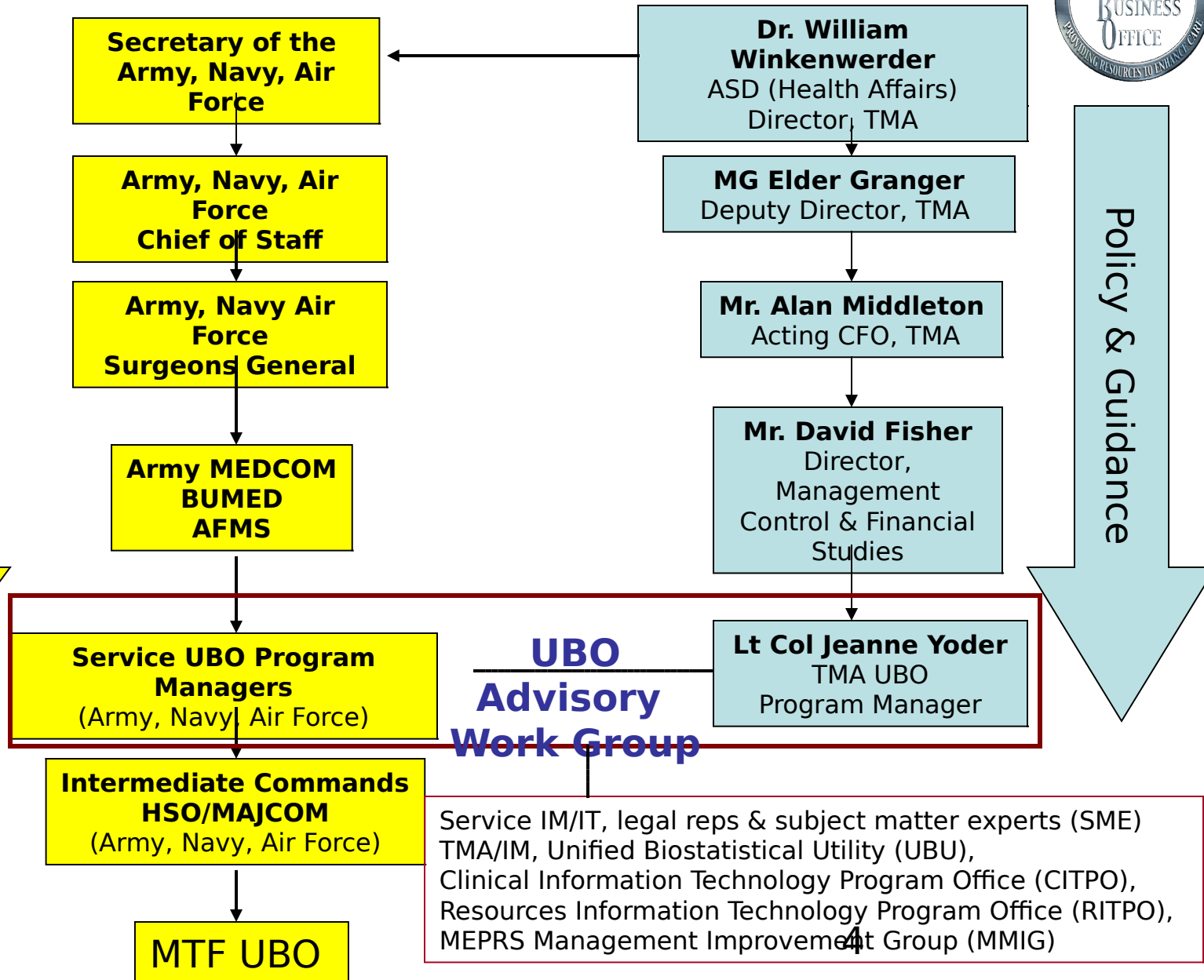
Medical Affirmative
Claims (MAC)

UBO Organization Chart



Command - Control - Execution

Policy & Guidance



(\$ Millions)

Service	*FY03 Billed -- Collected	*FY04 Billed -- Collected	*FY05 Billed -- Collected	*FY06 Billed -- Collected
Outpatient				
Army	\$37.6 \$18.7	\$40.8 \$21.9	\$48.6 \$24.7	\$47.5 \$23.7
Navy	\$19.0 \$10.8	\$21.6 \$14.6	\$24.2 \$13.4	\$22.2 \$12.3
Air Force	\$49.5 \$18.3	\$67.2 \$30.6	\$70.2 \$26.1	\$79.9 \$28.6
Total	\$106.1 \$47.8	\$129.6 \$67.1	\$143.0 \$64.2	\$149.6 \$64.6
Inpatient				
Army	\$44.6 \$20.9	\$42.8 \$22.5	\$39.3 \$21.4	\$43.6 \$20.2
Navy	\$19.5 \$9.3	\$19.9 \$10.0	\$20.1 \$9.4	\$17.1 \$7.1
Air Force	\$33.9 \$12.6	\$26.9 \$14.2	\$26.7 \$11.2	\$23.5 \$11.2

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1st Qtr - Billed & Collected (\$ Millions)

Service	*FY04 Billed -- Collected		*FY05 Billed - Collected		*FY06 Billed -- Collected		*FY07 Billed - Collected	
Outpatient								
Army	\$3.1	\$4.8	\$4.8	\$5.6	\$7.5 \$6.4		\$13.4	\$8.1
Navy	\$1.8	\$3.2	\$2.9	\$3.4	\$3.1 \$3.5		\$5.6	\$4.0
Air Force	\$8.6	\$5.9	\$8.3	\$3.7	\$13.6 \$7.6		\$34.7	\$10.7
Total	\$13.5 \$13.9		\$16.0 \$12.7		\$24.2 \$17.5		\$53.7 \$22.8	
Inpatient								
Army	\$7.0	\$4.7	\$6.8	\$5.9	\$7.8	\$4.4	\$6.7	\$3.5
Navy	\$2.1	\$1.9	\$3.8	\$2.1	\$3.9	\$2.0	\$3.6	\$2.2
Air Force	\$2.4	\$3.7	\$1.4	\$1.8	\$3.8	\$2.8	\$3.0	\$1.8

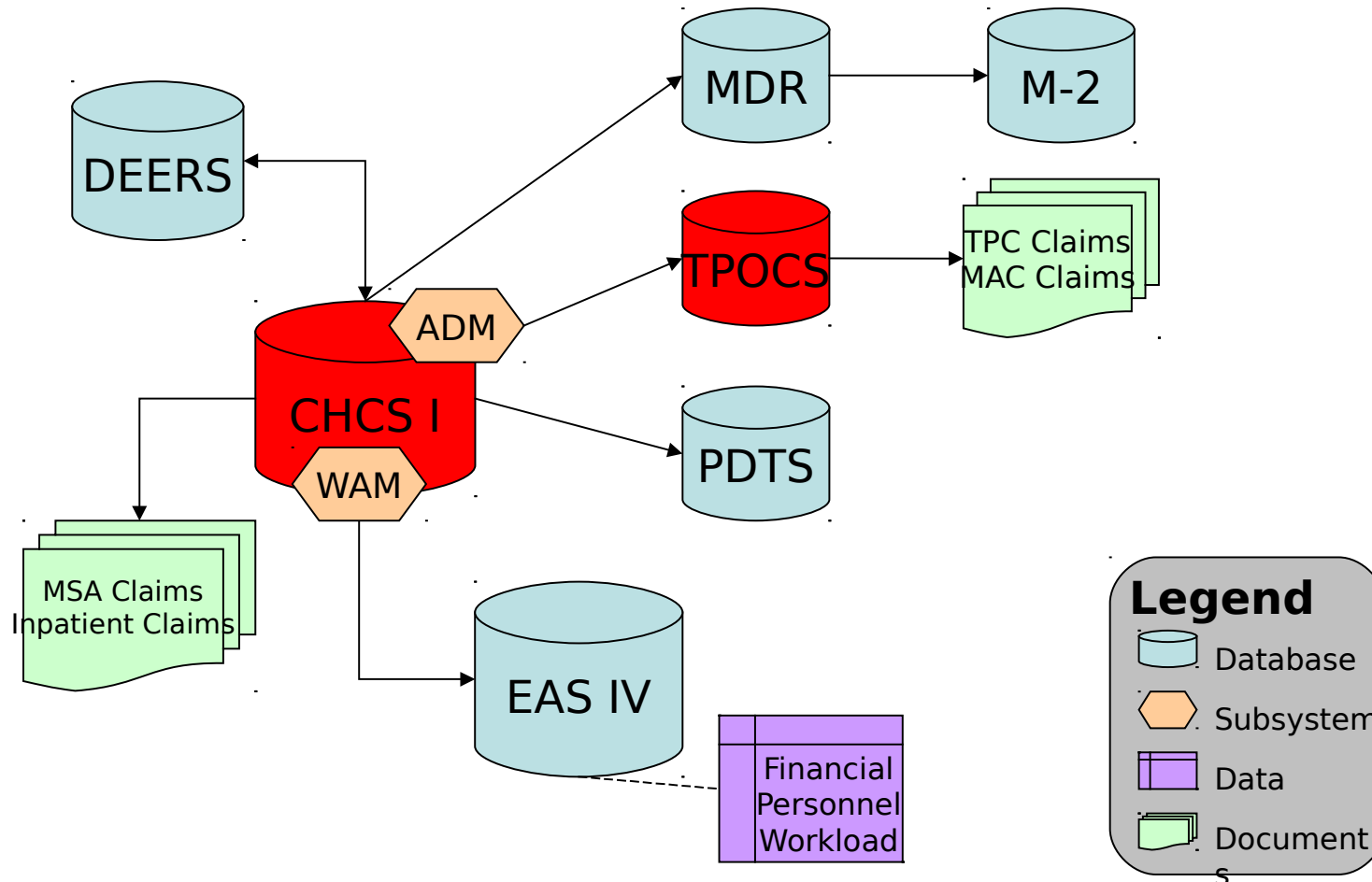
*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed current FY billings.

Data source: MTF DD 2570 as reported to the TMA LBO Metrics Reporting System

DATA QUALITY CHARACTERISTICS

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent

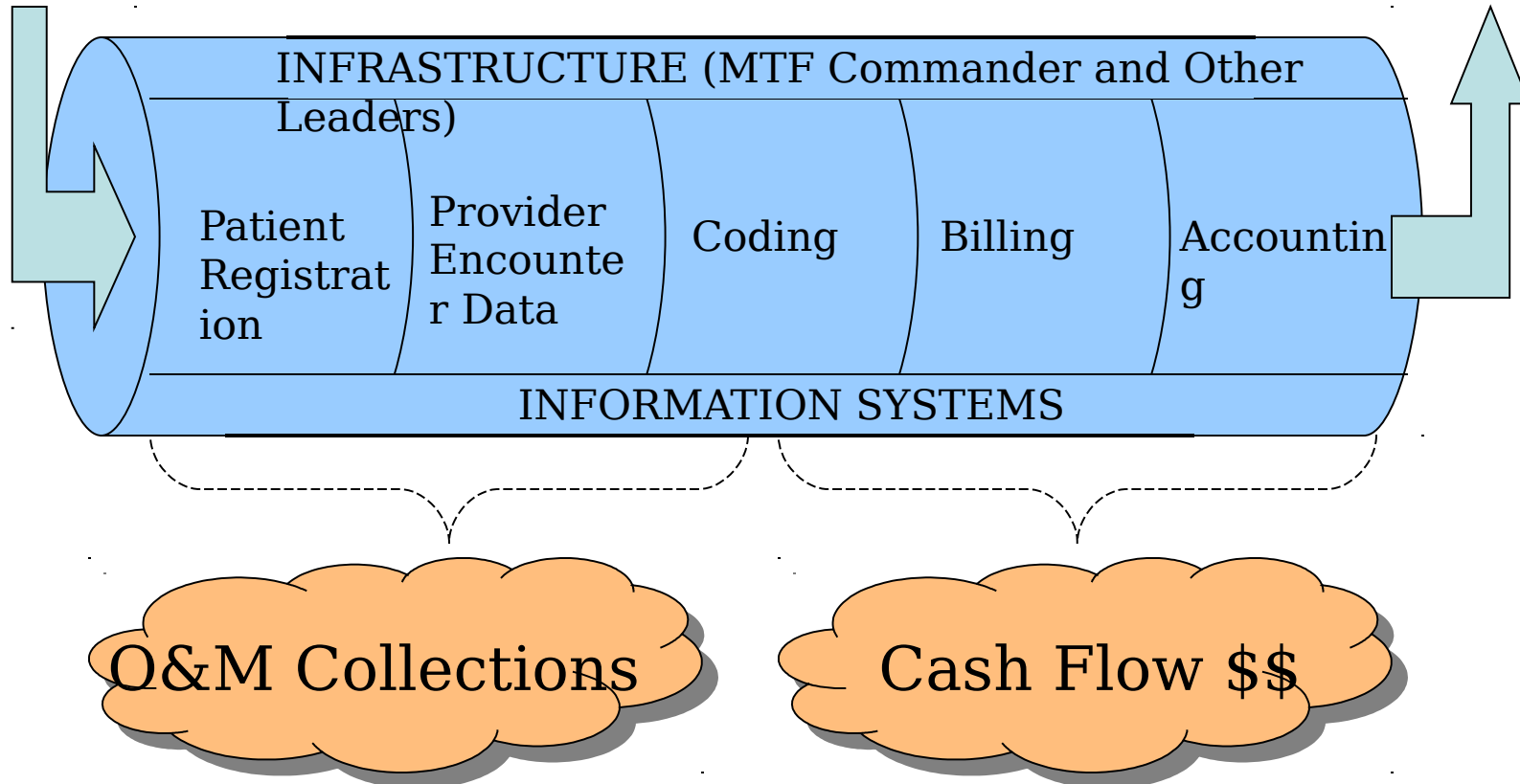
EXISTING UBO SYSTEMS



MTF REVENUE CYCLE

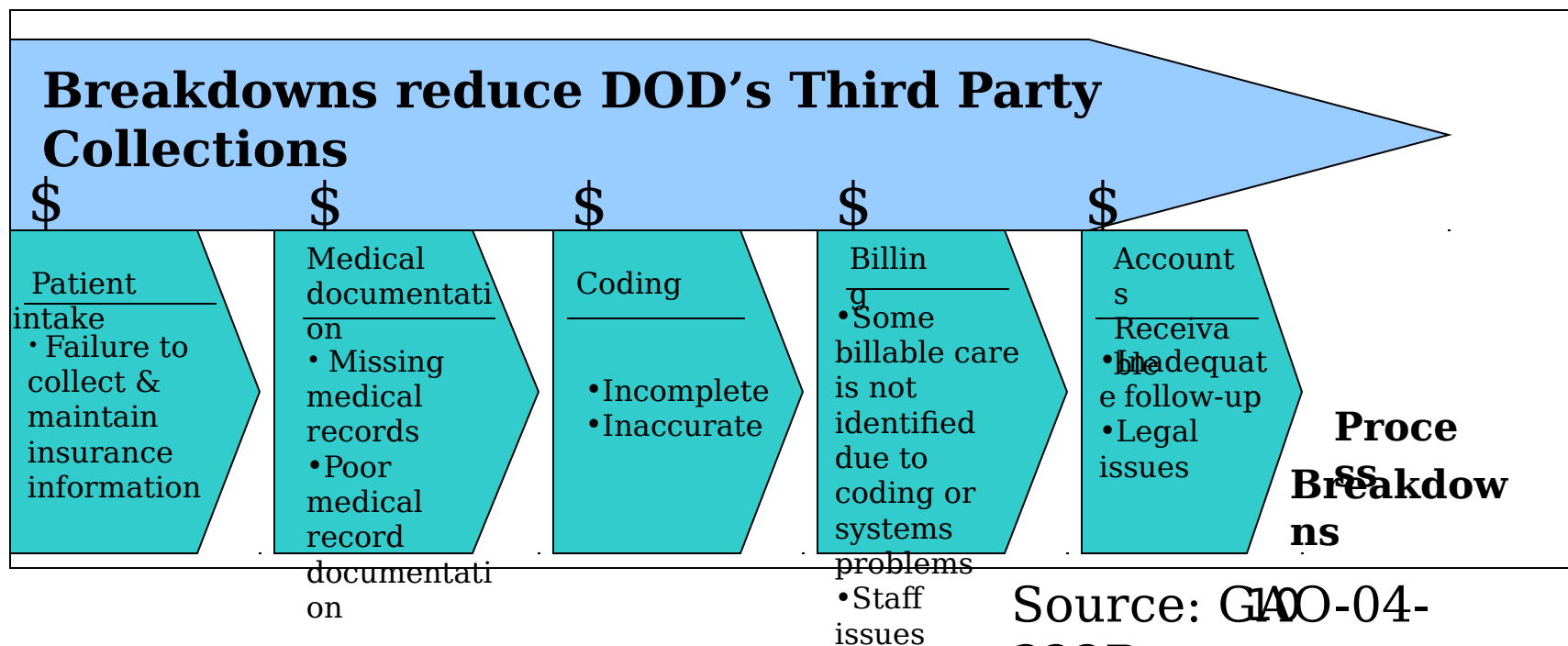
Information / Data

Cash

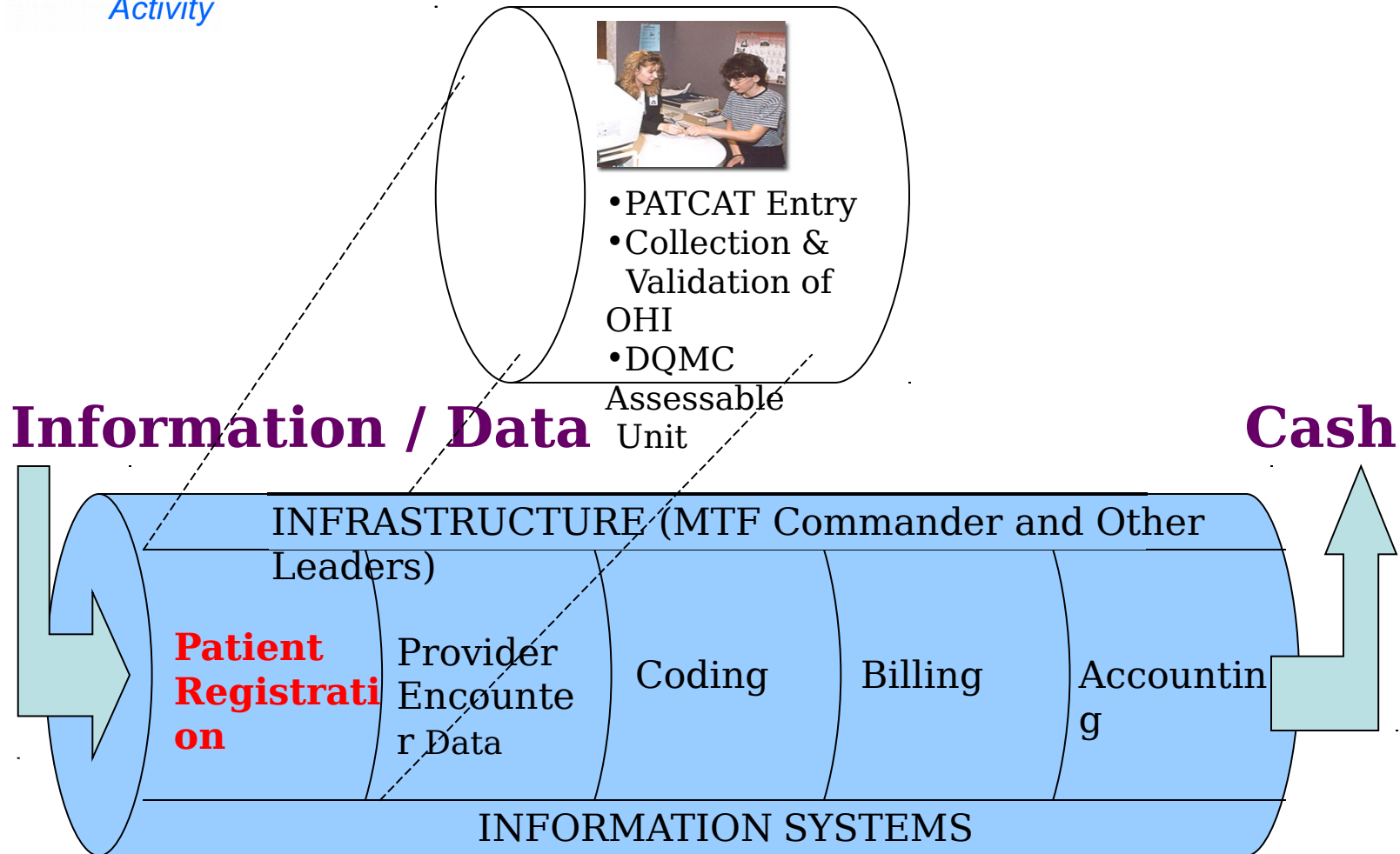


GAO REPORT FINDINGS

- Results from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections



PATIENT REGISTRATION



Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
 - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
 - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?

Medical Affirmative Claims (MAC)



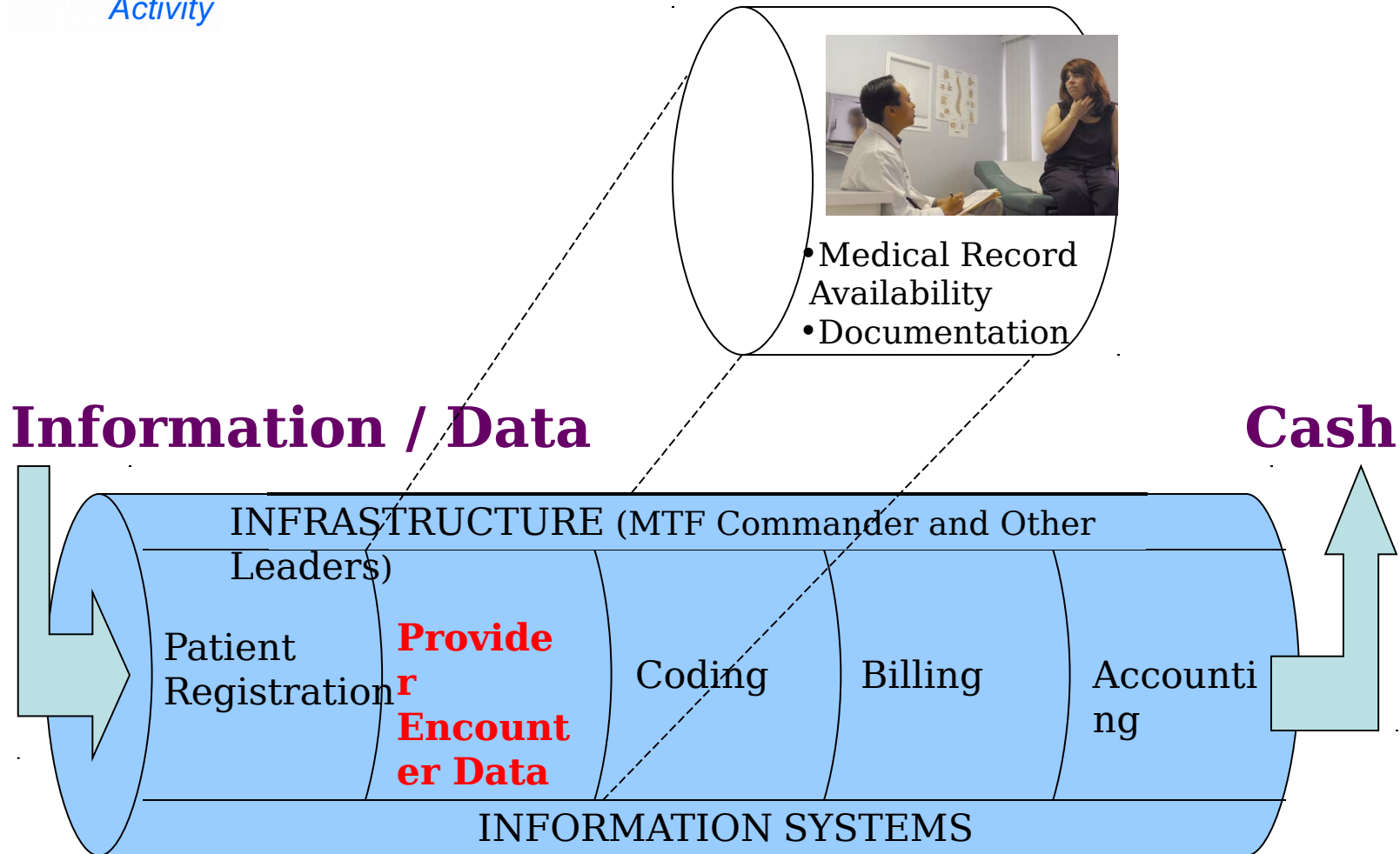
- Are all patient injuries being identified for JAG review as possible MAC cases?
 - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
 - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?

Other Health Insurance (OHI) Information



- Use DD Form 2569 to capture OHI information about your patients
 - All Non-Active Duty Patients required to complete it every 12 months or if data changes
 - OHI needs to be entered into CHCS or it “doesn’t exist” for billing purposes
 - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
 - Reported monthly in Commander’s DQ Report

PROVIDER DATA



CHCS Provider Specialty Codes (PSC)



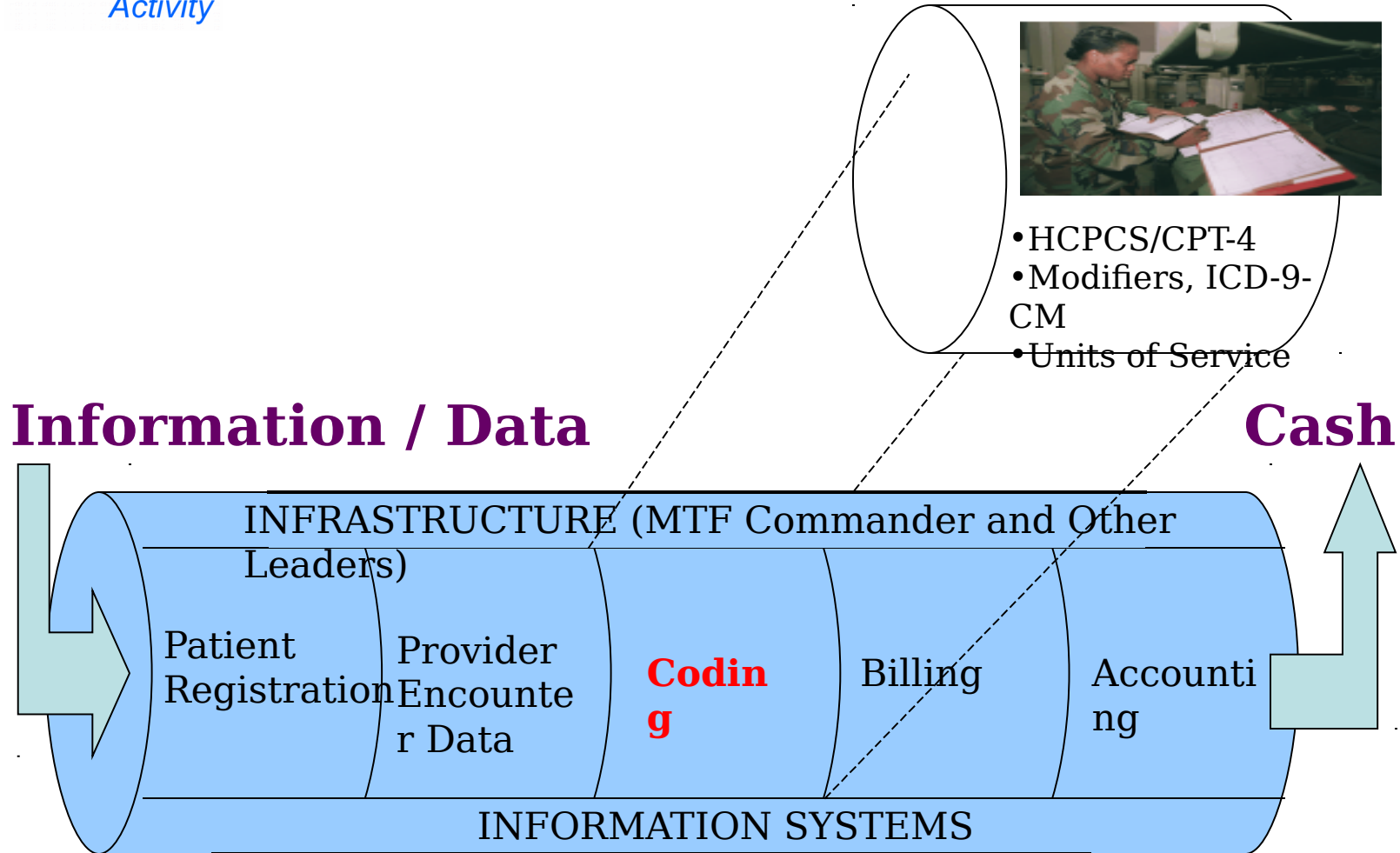
- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
 - (exception of 901 – Physicians Assistant)
 - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
 - Billable ADM encounter never reaches TPOCS

Correcting the CHCS Provider Specialty Codes (PCS)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
 - No blank fields
 - Billable providers have PSC under 900 (plus 901 – Physicians Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed

CODING



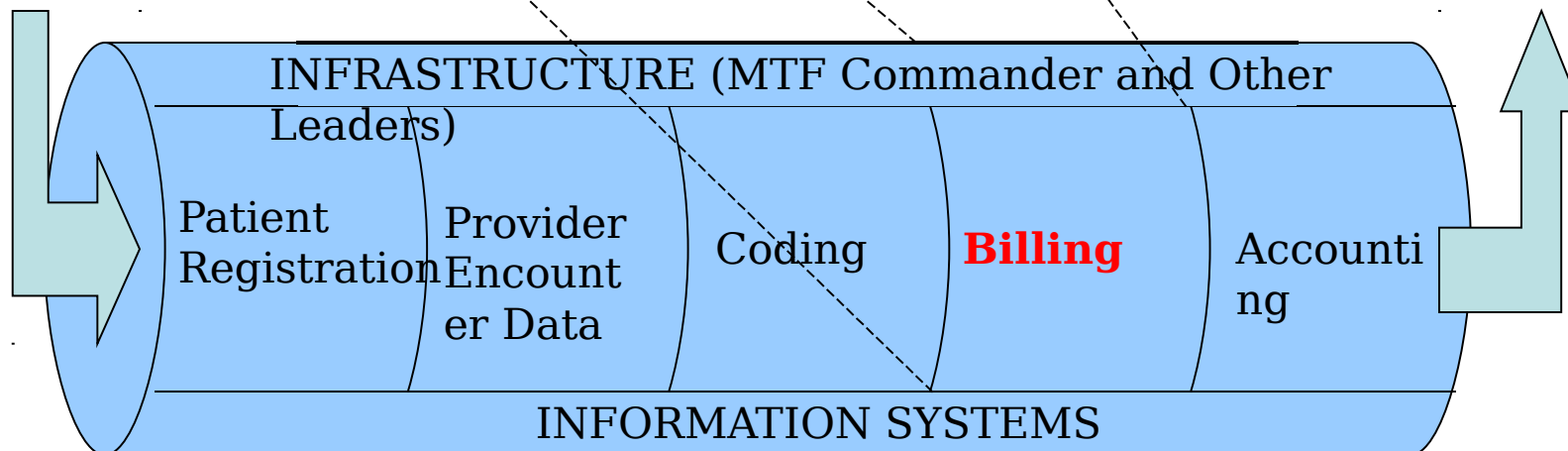
BILLING



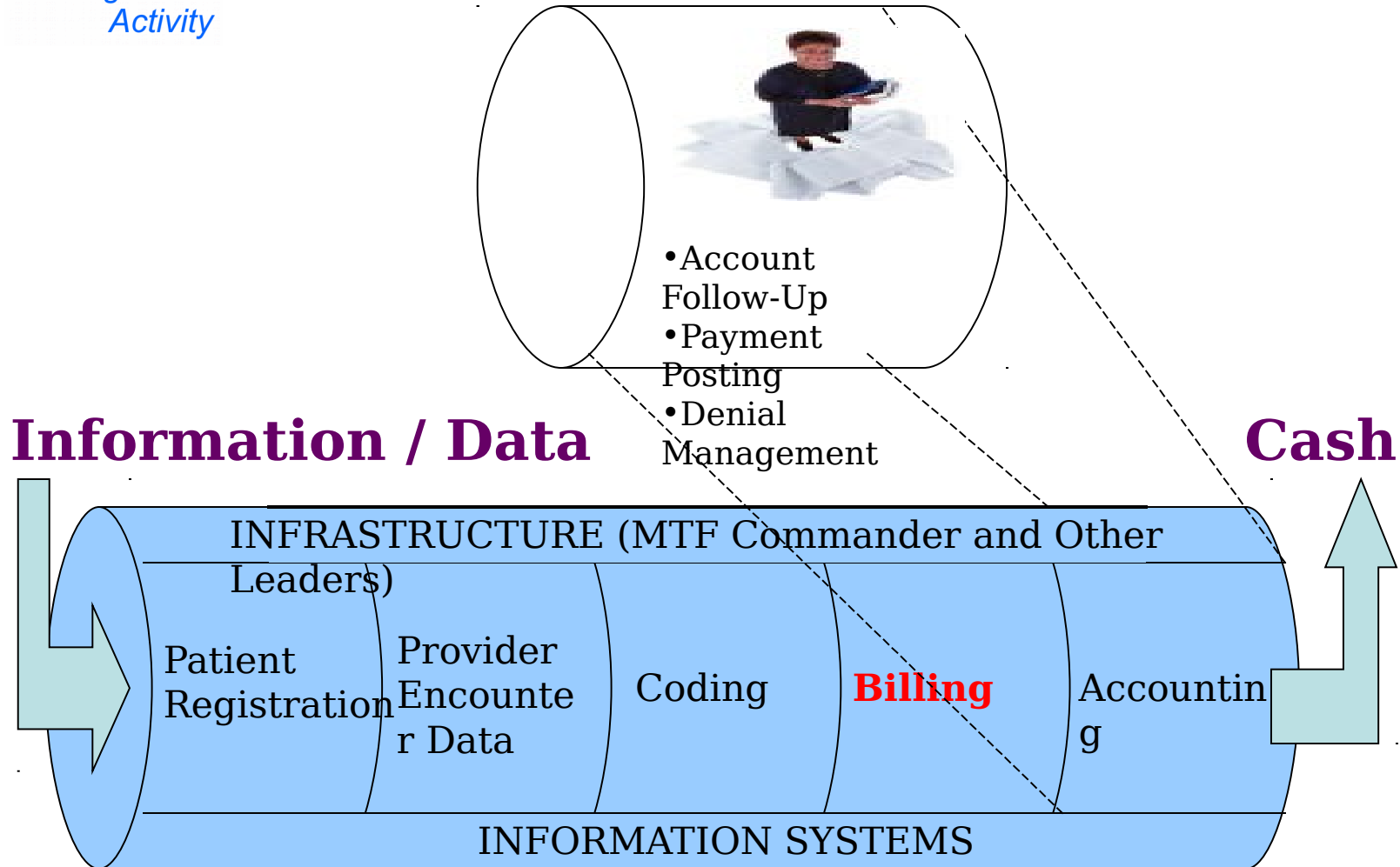
- Insurance Verification
- Claim Form Data & Line Item Billing

Information / Data

Cash



ACCOUNTING



UBO SUCCESS FACTORS

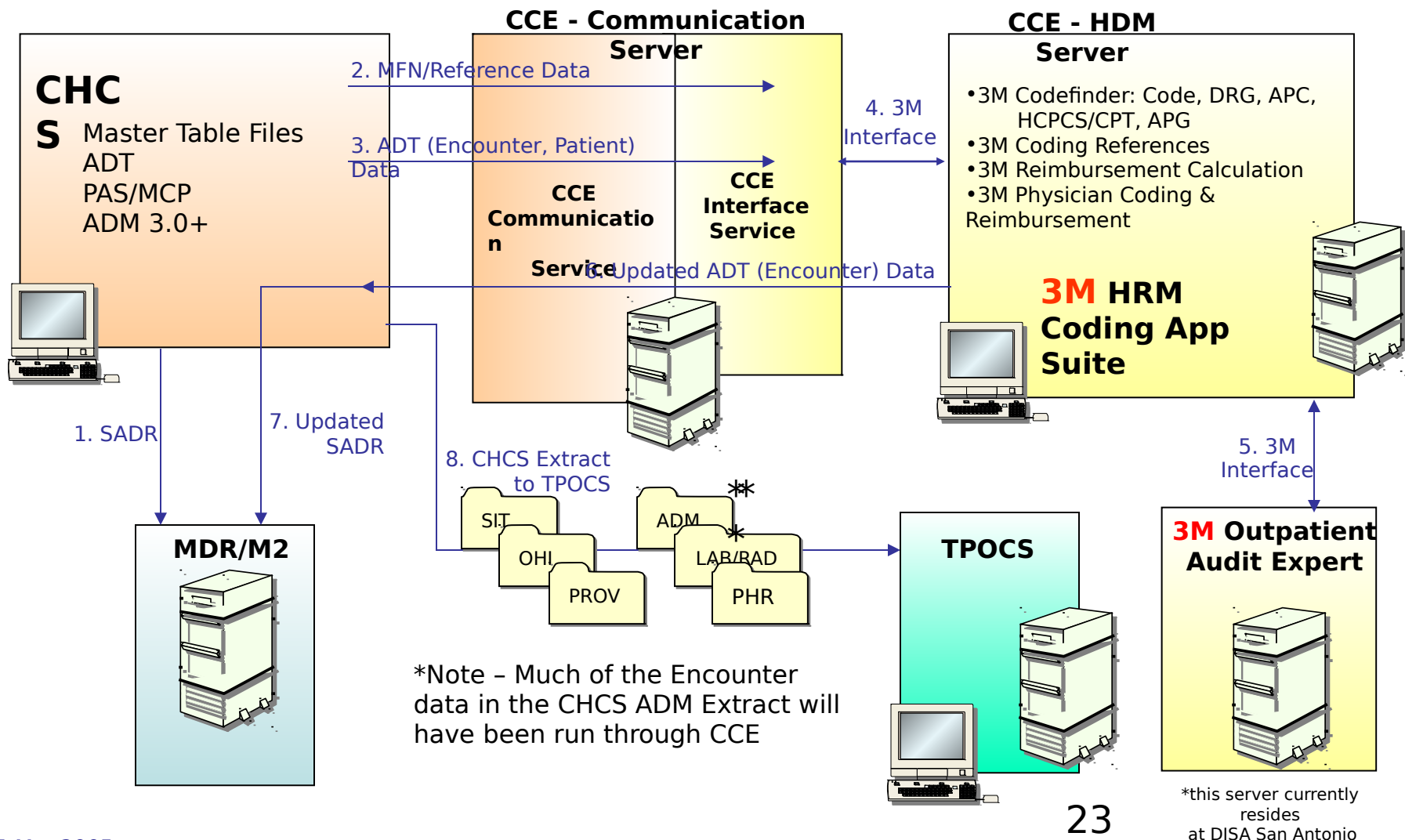
- What are the Focus Points?
 - MTF Revenue Cycle
 - Team Effort (not the just the UBO's challenge)
 - Staff Education & Training
 - Electronic Interfaces
 - Leadership Involvement
 - Stress the need to complete the OHI forms (DD2569s)
 - Brief them on UBO Performance (OHI Capture, Billings & Collections)

TPOCS: BILLING SYSTEM



- What is TPOCS?
 - Government Off-The Shelf System (GOTS) for billing TPC
- Relationship to other systems
 - Provider Specialty Codes
 - Collection of OHI in CHCS
 - Centralized OHI Repository on DEERS
- Future enhancements
 - Patient Accounting System (PAS)/ Charge Master Based Billing (CMBB) to replace TPOCS and CHCS MSA Module for TPC, MSA & MAC billing

Coding & Compliance Editor (CCE) Interface View



RESOURCES



- UBO Web Page
<http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>
- RITPO Web Site
<https://ritpo.satx.disa.mil/main.asp>
- TPOCS-CCE Support Web Site
<http://tpocshelpdesk.com>
- UBO Help Desk
 - ubo.helpdesk@altarum.org
 - 703-575-5385
- CITPO Web Site
<http://citpo.ha.osd.mil/>



QUESTIONS?

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